

CLAIMS ONLY

Application Number _____

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
(1)			/			
2				/		
3				/		
4				/		
5				/		
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12				/		
13				/		
14				/		
15				/		
(16)			/			
17				/		
(18)			/			
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50						
Total Indep	3		3			
Total Depend	22		22			
Total Claims	25		25			

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						